



CACFP Program Operations

Liv Steinbarth, RD

Agenda

- New CACFP contracts coming in FY12
- New online CACFP applications coming in FY12
- Tour of CACFP website at www.bestbeginnings.mt.gov
- All About Milk.

A decorative border made of red and white squares, resembling a checkerboard pattern, frames the entire recipe card.

Recipe

Dish: _____

Serves: _____

Contracts



Contracts

- New CACFP contracts to be completed during FY12.
- We will be mailing them out in October.
- The contract is permanent.

Contracts

- Updates to the contract
 - Requiring internet connection
 - Background checks for employees/volunteers
 - Adherence to National Association for the Education of Young Children (NAEYC) ethical conduct standards.

Contracts

- **CONTRACT NUMBER:**

We ask for this number on your Audit Questionnaire.

CONTRACT NO. XX-XX-CACFP-XXX

SECTION 1: PARTIES

This contract is entered into between the Montana Department of Public Health & Human Services (hereafter referred to as the "Department"), whose address and phone number are 111 North Jackson, P.O. Box 202925, Helena, Montana 59620-2925, (406) 444-4347, and **XXXX** (hereafter referred to as the "Contractor"), whose federal tax ID number, mailing address, and phone number are: **XX,XX,XX**.

THE PARTIES AGREE AS FOLLOWS:

SECTION 2: PURPOSE

The purpose of this contract is to develop the Contractor's understanding regarding the provision of federal Child and Adult Care Food Program assistance in the Contractor's institutions and facilities.

SECTION 3: TERM OF CONTRACT

This contract is permanent from the first day of the month in which the contract is signed by both parties and is received in the Department, unless terminated otherwise in accordance with the terms of this contract.

The Contractor, after termination of this contract, remains subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the contract including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, recipient grievances and appeals, and property ownership and use.


SECTION 4: SERVICES TO BE PROVIDED

Contractor must comply with all requirements set forth in 7 CFR Part 226, as amended, Department policies governing the Program, all State requirements for institutions in the Administrative Rules of Montana, and all State guidance.

Contracts

- Audit Questionnaire

The yellow portion
is for your Contract
Number.

	Montana Child and Adult Care Food Program Audit Questionnaire, Audit Grant Application, and Signature Fiscal Year 2011 <i>Return by June 1, 2011</i>	<div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 2em; color: green;">11</div>
Instructions: <ul style="list-style-type: none"><u>All organizations</u> must complete Sections A & C.Complete <u>ALL</u> Sections [A, B, & C] <u>only</u> if total federal funds expended are <u>greater than \$500,000</u>. <p>Audit information: Your organization is required to have an audit if you will receive at least \$500,000 in total federal assistance from all sources during your fiscal year. If your organization received less than \$500,000, your organization may be subject to an engagement by DPHHS auditors to perform an "Agreed-Upon Procedures" audit.</p>		<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAP</div>
Section A: Audit Questionnaire <ol style="list-style-type: none">Organization Name _____Address: _____Telephone: _____CACFP Contract Number: <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; background-color: yellow;"></div> CACFP <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; background-color: yellow;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; background-color: yellow;"></div>Organization's Fiscal Year End Date for FY2011: _____Total <u>federal</u> funds you anticipate receiving from <u>all</u> sources during <u>your</u> fiscal year*: _____ <p><small>*All monies received from CACFP are federal funds; if your only source of federal funds is CACFP, add all monthly reimbursement amounts received thus far, average that amount. Then multiply the result by 12 to obtain a fiscal year amount. Example: October – March reimbursements: \$900, \$850, \$775, \$1,050, \$950, \$1,025; total = \$5,550. Average = \$925 x 12 = \$11,100 for one year. This amount should be entered on line 6.</small></p> <p style="color: green; text-align: center;"><i>If you are not a Sponsor of Day Care Homes and your organization expended less than \$500,000, skip to Section C below.</i></p>		
Section B: Audit Grant Application <p>Our organization wishes to apply for the Audit Grant for fiscal year 2011: <input type="checkbox"/> YES <input type="checkbox"/> NO Failure to check a box will be considered a "NO".</p> <ol style="list-style-type: none">Normal audit cycle: <input type="checkbox"/> One Year <input type="checkbox"/> Two YearsDate of most recently <u>completed</u> audit: _____ You may qualify for audit expense grant if all MT CACFP 96-19 Rev 3 and MT CACFP 2008-2 policy requirements are met, <u>and</u>:<ol style="list-style-type: none">Total federal financial assistance received during your audit period equals \$500,000 or more from all sources. You must confirm the total amount received.A copy of the audit proposal is submitted to the MT CACFP <u>prior</u> to beginning the audit.The MT CACFP grants approval to the audit proposal <u>prior</u> to beginning the audit.Organizations that wish to apply for the audit expense grant to pay for all or part of their audit expenses must meet <u>all three</u> of the above conditions and comply with Audit Policy MT CACFP 96-19, Rev 3 dated 1-30-09 and MT CACFP 2008-2 dated 1-30-09 [attached]. The MT CACFP's share of the audit expense will be calculated at 67% of the actual documented audit		

Contracts

- On Reviews
 - Your contract must be available to view on site.



Applications



Applications



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

www.dphhs.mt.gov

Brian Schweitzer
GOVERNOR

Anna Whiting Sorrell
DIRECTOR

STATE OF MONTANA

PHONE: (406) 444-1788
FAX: (406) 444-2547

HUMAN AND COMMUNITY SERVICES DIVISION
PO BOX 202925
HELENA, MT 59620-2925

August 1, 2011

'12

Dear Child Care Center Institutions,

I am pleased to announce that our Child and Adult Care Food Program (CACFP) will have an on-line CACFP Application available to you for FY'12. We will introduce it to you at the CACFP Director's Trainings in September. Everyone will be able to use the new system, and we will assist anyone needing extra help. Therefore, we are not sending you any paper application forms this year for FY'12.

Registration is now open for the FY'12 CACFP Director's Trainings in September. To register, please go to the CACFP website at www.bestbeginnings.mt.gov, it is in 'Training.' We look forward to seeing you then.

As always, please call if any questions.

Sincerely,

Mary A. Musil, Manger
Child and Adult Care Food Program

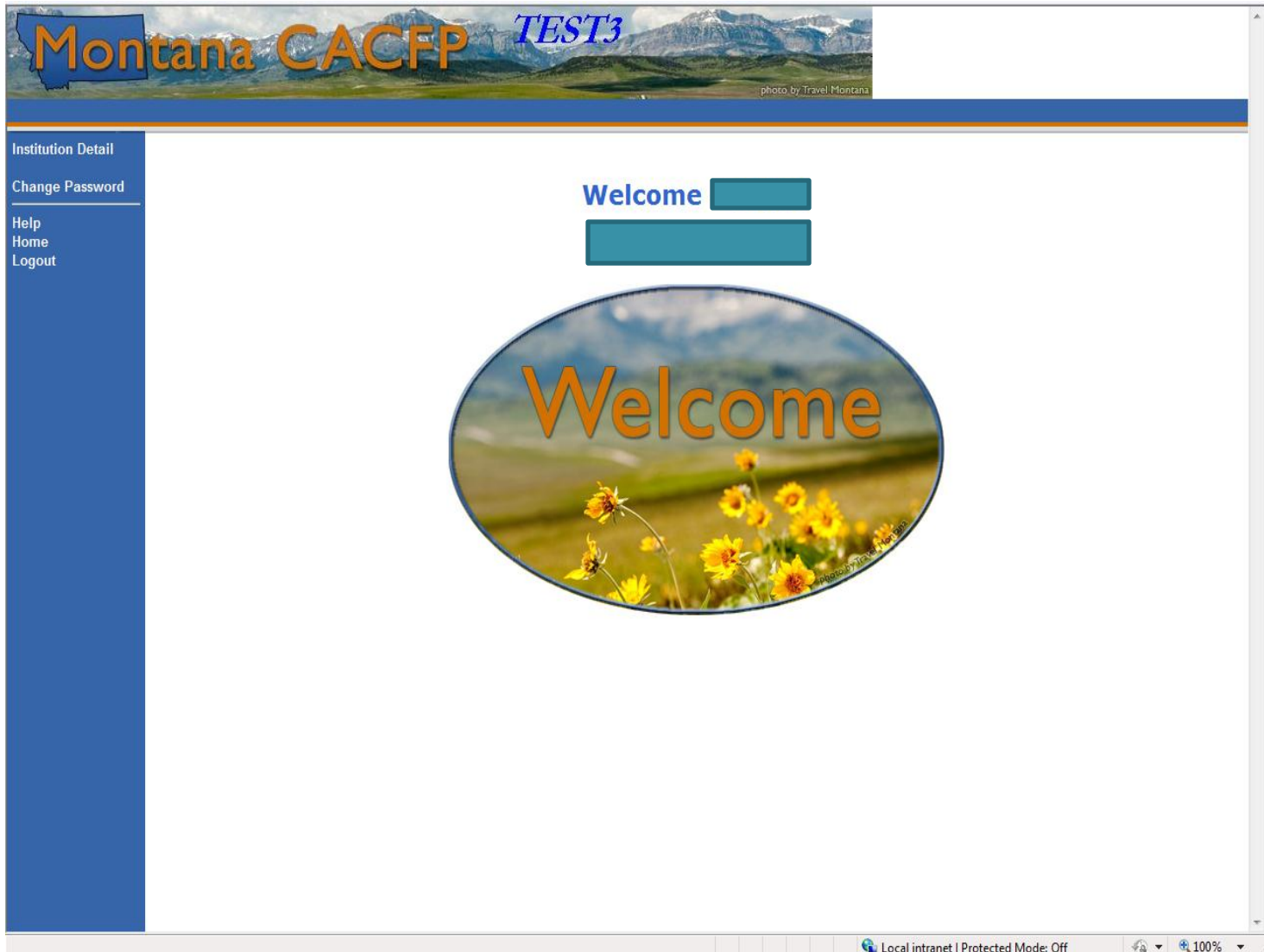
Applications

- No more renewals
- Applications will be permanent
- Applications will now be online
- 3 Items will have to be updated annually
 - Food Service Budget
 - Staff Training Plan
 - Civil Rights data and certifications
- Applications will also have to be update when any information changes within your program. Ex: New Director, new CACFP Staff

Applications

- The online application for your center will be located at CACFP online where you currently complete your online claims.
- All centers will be emailed the new URL for CACFP online, which will contain everything CACFP related.
- CACFP online will have the following tabs:
 - Claims
 - Application
 - Messages

Applications



Applications

Institution Detail

Change Password

Help
Home
Logout

Institution Detail

Institution Detail →

Start Date End Date Active ☒ DBA/AKA

Address

Phone
Fax

County

E-mail

Claims

Application

Messages

[Show iframe](#)
Applications

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<u>FY</u>	<u>Status</u>	<u>Started</u>	<u>Submitted</u>	<u>Approved</u>	<u>Approved By</u>	<u>Action</u>
2011-2	Pending Approval	08/23/2011	08/29/2011			

Applications

- When the online application is ready to roll out, you will be emailed the new URL for CACFP online and the application instructions.
- CACFP will ask small groups of centers, alphabetically (from A-Z), to complete the online application.
- The application will be saved electronically. You may print a hard copy of the application for your records if you wish.

Applications



Messages
Forms and Instructions

Contact Information

Responsible
Individuals
Food Service
Personnel
Staff Training
Staff Training
Certification
Business
Documentation
VCA
Business Profile
Other Business Names
Meals
Budget Expenses
Budget Income
Civil Rights

Submit Documents
Submit Application

Home
Log Out

For assistance, please
contact CACFP at 406-
555-1212 or email us at
cacfp@mt.gov

Please visit our web
site at
www.cacfp.mt.gov

Contact Information

Page 1 of 16

Are you Non-Profit ☐ or For-Profit ☒

[Click here to read the Proprietary For-Profit Certification](#)

Accepted by Diane Edgar on 08/23/2011 09:12 AM

Email Address

Main Business Phone

Fax

Institution Street Address

City

State Montana

Zip

Institution Mailing Same as Street Address ☐

Institution Mailing Address

City

State Montana

Zip

Page Approved On 08/26/2011

Save in Progress

Back

Next

Applications

- Once you submit your online application to the State Agency, we will check it over to ensure it's complete.
- If it's incomplete, the State Agency will return it to you with a message to explain what is missing.
- If it's complete, the State Agency will approve your application.

Applications

- Need Help?
 - Send a message to CACFP staff in the Application Site as you work on the application.
 - For any questions or problems to report with the application, please contact Diane Edgar, Administrative Assistant, by email at dedgar@mt.gov or by phone at 444-4347.

Claims



Claims

- When you receive the new URL for CACFP online, there will be new features to enter your claims online.
- All centers will be expected to start entering their claims online.

Claims

- Major improvements have been made for online claiming! Examples:
 - The meal participation record can be entered directly in the system. The spreadsheet will total for you AND the totals will automatically transfer to the enrollment tab.
 - All claim worksheets will be saved, stored, and available to you online at any time. CACFP will no longer need to mail out the pink/claim worksheets.

Claims

Institution Detail

Change Password

Help
Home
Logout

Institution Detail

Institution Detail →

Start Date End Date Active ☒ DBA/AKA

Address

Phone
Fax
E-mail

County


Claims

Application

Messages

[Show iframe](#)

Claims

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Claim ID	Mo	Year	Adj	Entered By	Entered On	Final Submit	Approved By	Approved On	Action
1076553	1	2011		WEB	02-01-2011	02-01-2011	CS0618	02-07-2011	
1076411	12	2010		CS1905	01-04-2011		CS7122	01-05-2011	
1074664	11	2010		WEB	12-01-2010	12-01-2010	CS0004	12-06-2010	
1073405	10	2010		WEB	11-01-2010	11-01-2010	CS0618	11-05-2010	
1071583	9	2010		WEB	10-01-2010	10-01-2010	CS7122	10-05-2010	
1070024	8	2010		WEB	09-01-2010	09-01-2010	CS7122	09-03-2010	

Claims





photo by Travel Montana

InstitutionsClaimsReportsReviewsContact LogProcesses

Claims Search
Create Claim
Sponsor / Homes Import
Import Log
Process Payments
Help
Home
Logout

[Claims Home](#) → [Claims Search](#) → Claim Detail
Claim Detail →


Final Submit

Claim ID	<input type="text"/>	Month	<input type="text" value="9"/>	Year	<input type="text" value="2011"/>	Adj #	<input type="text"/>
AWACS ID	<input type="text"/>	Rate	<input type="text" value="CNTR-2012"/>	Center Type	<input type="text" value="FRP"/>		
Institution	<input type="text"/>	Entered By	<input type="text" value="CS0618"/>	Approved By	<input type="text"/>		
Address	<input type="text"/>	Entered On	<input type="text" value="09/01/2011"/>	Approved On	<input type="text"/>		
	<input type="text"/>	EFT	<input type="text"/>	Entered Via	<input type="text" value="CACFP"/>	Pmt Created	<input type="text"/>
Print	<input type="checkbox"/>	Web Submit	<input type="text"/>	Sent AWACS	<input type="text"/>		

EnrollmentCommentsHomesAdvancesApproval/CodingTotalsErrorsContact Log

Add Meal Participation

Enrollment

Capacity	<input type="text"/>	Free/Tier I	<input type="text"/>	Breakfast	<input type="text"/>
Facilities	<input type="text"/>	Reduced/Tier II L	<input type="text"/>	Lunch	<input type="text"/>
Total Monthly Attendance	<input type="text"/>	Paid/Tier II H	<input type="text"/>	Supper	<input type="text"/>
Average Daily Attendance	<input type="text"/>			Snacks	<input type="text"/>
Days Served	<input type="text"/>	Total Enrolled	<input type="text"/>		<input type="text"/>
		Edit Check	<input type="text"/>		

Claims




photo by Travel Montana

[Institutions](#)
[Claims](#)
[Reports](#)
[Reviews](#)
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[Processes](#)

[Claims Search](#)
[Claims Home](#) → [Claims Search](#) → Claim Detail


[Create Claim](#)

[Sponsor / Homes Import](#)

[Import Log](#)

[Process Payments](#)

[Help](#)
[Home](#)
[Logout](#)


[Final Submit](#)

Claim ID
Month
Year
Adj #

AWACS ID
Rate
Center Type

Institution
Entered By
Approved By


Address
Entered On
Approved On

EFT
Entered Via
Pmt Created

Print ☐
Web Submit
Sent AWACS

[Enrollment](#)
[Comments](#)
[Homes](#)
[Advances](#)
[Approval/Coding](#)
[Totals](#)
[Errors](#)
[Contact Log](#)

Meal Participation Totals

Daily Attendance	Breakfast	AM Snack	Lunch	PM Snack	Eve Snack	Action
<input type="text" value="90"/>	<input type="text" value="84"/>	<input type="text" value="0"/>	<input type="text" value="82"/>	<input type="text" value="89"/>	<input type="text" value="0"/>	

Enrollment

Capacity	<input type="text"/>	Free/Tier I	<input type="text"/>	Breakfast	<input type="text" value="84"/>
Facilities	<input type="text"/>	Reduced/Tier II L	<input type="text"/>	Lunch	<input type="text" value="82"/>
Total Monthly Attendance	<input type="text" value="90"/>	Paid/Tier II H	<input type="text"/>	Supper	<input type="text"/>
Average Daily Attendance	<input type="text" value="30"/>			Snacks	<input type="text" value="89"/>
Days Served	<input type="text" value="3"/>	Total Enrolled	<input type="text"/>		
		Edit Check	<input type="text" value="FAIL"/>		

Messages



Messages

- You will be able to send CACFP messages at any time on CACFP online.
- CACFP will respond to you as quickly as possible.

Messages

- When CACFP sends you a message, a display message will appear on the main page stating “I message” when you open CACFP online the next time.
- Message history will be saved permanently and available to view at any time.

Messages

[Institution Detail](#)
[Change Password](#)
[Help](#)
[Home](#)
[Logout](#)

Institution Detail

[Institution Detail](#) →

Start Date

End Date

Active ☒

DBA/AKA

Address

Phone

County

Fax

E-mail


Claims

Application

Messages

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Messages


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Subject	Created By	Created On	Received By	Received On	Action
message from state user	SCHEMA OWNER	08/22/2011	Diane Edgar	08/23/2011	
message to state user	Diane Edgar	08/22/2011	SCHEMA OWNER	08/22/2011	

Messages

http://ows.hhs.mt.gov/pls/cacfpcom_test/cacfp_provider_pkg.message_detail?p_prov_id=05497A&p_gr - W...

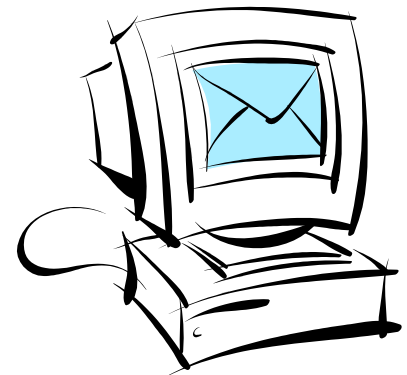
Institution Message Detail



Created By	<input type="text" value="Edgar, Diane"/>	Received By	<input type="text"/>
Created On	<input type="text" value="09/01/2011"/>	Received On	<input type="text"/>
Subject	<input type="text"/>		
Message	<div><div></div><div></div></div>		

Tour of Website

www.bestbeginnings.mt.gov



All About Milk



All About Milk

- New Requirement
 - Low-fat (1%) or fat-free (skim) milk is required for children ages two and older. Whole and reduced-fat (2%) milk is no longer creditable for children ages two and older.
- Whole milk continues to be recommended for children up to age two.



All About Milk

- To be credited, milk must be pasteurized and meet state and local standards for fluid milk. Examples include: whole milk, low-fat (1%) milk, skim milk.
- Flavored milk (e.g. , chocolate, strawberry, and vanilla) are not creditable.



All About Milk

- Non-Dairy Beverages
 - May be served in lieu of fluid milk for children who cannot consume fluid milk due to food allergies and intolerances.
 - Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk.

All About Milk

- Non-Dairy Beverages
 - Soy milk is the recommended non-dairy beverage because it's the most nutritionally equivalent to milk at this time. Unless a specific request is made by the parent/guardian, soy milk is the preferred non-dairy replacement for milk.
 - Rice milk, almond milk, and hemp milk are other options available but they lack the essential nutrients of milk.
 - There are many varieties of soy milk available now and many are highly sweetened. Unsweetened or less sweetened soy milk is preferred.

All About Milk

Please get out your
calculators and your
milk calculation sheet





CHILD AND ADULT CARE FOOD PROGRAM
MEAL PARTICIPATION RECORD

DFPHS-CNF-004
(07/03)

CENTER

MONTH

DAY OF MONTH	DAILY ATTENDANCE	MEALS CLAIMED FOR REIMBURSEMENT					MEALS NOT REIMBURSABLE To participants not enrolled				
		Breakfast	AM Snack	Lunch	PM Snack	Supper	Breakfast	AM Snack	Lunch	PM Snack	Supper
1	Fri										
2	Sat										
3	Sun										
4	mon	Holiday closed									
5	Tue										
6	wed										
7	thu										
8	Fri										
9	Sat										
10	Sun										
11	mon										
12	tue										
13	wed										
14	thu										
15	Fri										
16	Sat										
17	Sun										
18	mon										
19	thu										
20	wed										
21	thu										
22	Fri										
23	Sat										
24	Sun										
25	mon										
26	tue										
27	wed										
28	thu										
29	Fri										
30	Sat										
31	Sun										
Total Monthly Attendance		45		57		8					

A. How many meals were served?
Add together
Breakfast, Lunch and
Dinner Totals

$$45 + 57 + 0 = 102$$

Milk Calculation

- This center purchased 4 gallons of milk. They have mostly 3-5 year olds and they served a total of 102 meals. Did they purchase enough milk?
- Let's try it together on your Monthly Milk Calculation Sheet.



Monthly Milk Calculation



A. How many meals were served?

Refer to most recent claim form for total meals served
Milk is required at all meals served: breakfast, lunch, and dinner
Do not include snacks served to determine required amount

102

B. How many fluid ounces of milk are required?

For 1-2 year olds, multiply total meals in (A) by 4 fluid ounces
For 3-5 year olds, multiply total meals in (A) by 6 fluid ounces
For 6-12 year olds, multiply total meals in (A) by 8 fluid ounces

612

C. How many gallons of milk are required?

Divide required fluid ounces in (B) by 128 ounces
There are 128 ounces in 1 gallon

5

D. Total gallons of milk purchased?

Verify milk purchased by original food receipts in current month

4

E. Compare (C) and (D). Milk purchased in (D) must be equal to or greater than milk required in (C).

- ☐ If milk purchased in (D) is equal to or greater than milk required (C), the Center is in compliance with the minimum milk purchase.
- ☐ If the minimum milk purchase requirement is not met, the CACFP will determine how much money needs to be repaid.

**NOT ENOUGH
MILK WAS
PURCHASED**

**WHAT WOULD
YOU DO?**



CHILD & ADULT CARE FOOD PROGRAM
MEAL PARTICIPATION RECORD

CENTER

MONTH

DAY OF MONTH	DAILY ATTENDANCE	MEALS CLAIMED FOR REIMBURSEMENT					MEALS NOT REIMBURSABLE To Participants not Enrolled				
		Break fast	AM Snack	Lunch	PM Snack	Supper	Break fast	AM Snack	Lunch	PM Snack	Supper
1	16	14	—	16	13						
2	CLOSED										
3	CLOSED										
4	CLOSED										
5	16	14	—	16	11						
6	18	14	—	18	14						
7	16	12	—	16	15						
8	22	17	—	22	17						
9	CLOSED										
10	CLOSED										
11	18	15	—	18	12						
12	19	16	—	19	16						
13	18	17	—	18	15						
14	18	16	—	18	15						
15	16	13	—	16	14						
16	CLOSED										
17	CLOSED										
18	11	11	—	11	10						
19	21	16	—	21	16						
20	14	12	—	14	13						
21	13	11	—	13	10						
22	16	14	—	16	10						
23	CLOSED										
24	CLOSED										
25	17	13	—	17	17						
26	22	19	—	22	18						
27	19	15	—	19	15						
28	20	18	—	20	15						
29	25	20	—	25	20						
30	CLOSED										
31	CLOSED										
TOTAL	355	297		355	284						

A. How many meals were served?

Add together

Breakfast, Lunch and Dinner Totals

$$297 + 355 + 0 = 652$$

Milk Calculation

- This center purchased 35 gallons of milk. They have mostly 3-5 year olds and they served a total of 652 meals. Did they purchase enough milk?
- Try it on your Monthly Milk Calculation Sheet.



Monthly Milk Calculation



A. How many meals were served?

652

Refer to most recent claim form for total meals served
Milk is required at all meals served: breakfast, lunch, and dinner
Do not include snacks served to determine required amount

B. How many fluid ounces of milk are required?

| 3912

For 1-2 year olds, multiply total meals in (A) by 4 fluid ounces
For 3-5 year olds, multiply total meals in (A) by 6 fluid ounces
For 6-12 year olds, multiply total meals in (A) by 8 fluid ounces

C. How many gallons of milk are required?

31

Divide required fluid ounces in (B) by 128 ounces
There are 128 ounces in 1 gallon

D. Total gallons of milk purchased?

33

Verify milk purchased by original food receipts in current month

E. Compare (C) and (D). Milk purchased in (D) must be equal to or greater than milk required in (C).

- ☐ If milk purchased in (D) is equal to or greater than milk required (C), the Center is in compliance with the minimum milk purchase.
- ☐ If the minimum milk purchase requirement is not met, the CACFP will determine how much money needs to be repaid.

YES! -

ENOUGH MILK WAS PURCHASED

All About Milk

- Many possible ways to make sure you are serving enough milk
 - The cups hold the minimum serving size
 - The minimum amount is in the pitchers on the tables
 - If the cups or pitchers are empty. Fill them.
 - Look at your Food Production Records. They will tell you how much milk to purchase
 - Do the Monthly Milk Calculation sheet every month. Adjust for the next month if need be.
 - Milk Vendors

All About Milk

- Why is purchasing enough milk so important?
 - Milk is used to show the overall picture of your foodservice. So if not enough milk is purchased then not enough food is purchased either.
 - Milk is a highly nutritious food
 - Milk is a major item in the CACFP

